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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

VERSION.

BY CHARLES C. HILDRETH, M. D.

Read before the Muskingum Co. Ohio Medical Society, Feb. 3, 1870.

Your Committee on Obstetrics would beg leave to direct your attention for a few moments to the subject of version. Passing by the origin, history, and literature of this operation, we will refer only to its practical application. The rationale of the operation, may be said to be, to convert an unnatural or mal-presentation, into one more safe and natural.

It is acknowledged by good authors, that the presentation of the vertex, occurs in nine cases out of ten; and hence, may be said to constitute the standard of natural labor. All deviations from this standard may be said to be unnatural; and may more or less endanger the life of the mother, or child. Version in modern times, has been divided into two methods, viz: turning by the head, and turning by the feet; called the cephalic, and podalic. Each method has its advantages and disadvantages; and hence, requires knowledge and skill in its application. The cephalic is by far the safest operation, both to mother and child. It may also be said to be more easily performed, in cases when the liquor amnii is abundant, and the uterine contractions not too violent and continuous. In turning by the feet, Churchill's tables show a mortality to the child, of one-third. In shoulder presentations, in which turning by the feet was instituted, Dr. Lee's tables show a mortality to the mother, of one in ten, from rupture of the uterus, or consequent inflammation of that organ. No such fatality follows cephalic version. When cephalic version is performed under the most favorable circumstances, the mortality from it, to either mother or child, is very little in excess of the most natural labor.

The following principles should guide us in the selection of the method most applicable to any given case. Turning by the feet being the most prompt and rapid method, yet discovered, of evacuating the contents of the uterus, should be selected in cases in which time is all important; viz, in cases of alarming hemorrhage from placenta previa; in cases of concealed accidental hemorrhage; in cases of rupture of the uterus; in cases of great exhaustion combined with inefficient pains; in cases of puerperal convulsions, where the forceps cannot be applied; and in all other cases, where version is demanded, and the cephalic method cannot be practiced.

The cephalic method, should be selected in all presentations of the head, except the vertex; in shoulder presentations, where practicable; in presentations of any portion of the child above the funis, except the vertex; and in cases in which time is not an important element in the delivery. In primiparæ, for obvious reasons, the cephalic method is by far the safest for the child. With a large and roomy pelvis, in a multipara, version by the feet is often safe and easy, if uterine contractions are not too violent. Passing the hand into the uterus, and expanding it over the back or abdomen of the child, and then by gentle lateral pressure, rotating the body upon the long axis; is often a very valuable expedient in preparation for turning. By this process we may bring the feet in the best possible position to grasp; or in a shoulder case, by rotating the body backward to the right or left, (to correspond with the arm presented); we may re-

turn the arm into the uterine cavity, when other means fail. Rotating the child upon the long axis in a shoulder case, of course relieves the head from its impacted position in the iliac fossa, and renders cephalic version much easier to the operator. To determine which arm presents, and the exact position of the head, and breech in a shoulder case, (that version may be performed intelligently) we will grasp the head of the child with that with which it corresponds, in the act of "shaking hands." We will then find our right, to right; or left, to left hand of the child.

If the right arm of the child presents with its back in front, the head will be found in the left iliac fossa, and the breech on the right side of the mother. If the left arm presents, the back in front; the head will be found in the right iliac fossa, and the breech on the left side of the mother. The touch, palpation, the sound of the fœtal heart, and the general outlines of the uterus, may serve to confirm our diagnosis. These means alone, in fact in the hands of the skillful accoucheur of modern times, are amply sufficient to tell him, the exact position of the child; and the presentation to be expected, long before the commencement of labor. The general principles of version having been stated, let us now refer to the different methods for its performance, advised by the authorities.

1. *Of Cephalic Version.*—The ancients tried to accomplish cephalic version, by external pressure above; and of course, with but indifferent success. It was not until the times of Prof. Flament, of Strasburg, and of Wiegand, that the external and internal application of force in producing version, was combined in a rational and scientific manner. Braxton Hicks in the last decade, proposed to introduce one hand into the pelvis, raise the shoulder above the superior strait, retain it there, until with the other, applied internally, the head is forced into the pelvic cavity.

Prof. M. B. WRIGHT, of Cincinnati, both by his writings and lectures, has perhaps done more than any man in America, to bring cephalic version into notice and practice. Prof. Wright's method may be thus described: Suppose the right shoulder and arm to present. First return the arm. To do this, flex the arm at the elbow, bring the hand in contact with the chest, in front, and by pressure at the elbow, force it into the uterus. The arm returned, the right shoulder presenting, grasp the shoulder with the right hand and apply the left hand externally over the breech. With the left hand force the breech as near the median line as possible, while with the right hand, the shoulder and chest are carried into the right iliac fossa, and laterally far enough to allow the head, which is in the left iliac fossa, to descend into the pelvis. If the left arm presents, the left hand is applied to the shoulder, and carried into the left iliac fossa.

Dr. Wright does not advise pressure upon the head externally, and in this, in my opinion loses a very valuable and safe appliance in securing the version. The neck of the child being quite flexible, if firm pressure is made upon the head, externally; certainly less upward, and lateral displacement of the shoulder will be required to return it into the pelvic cavity. In difficult cases of cephalic version chloroform should be given, an assistant should move the breech to the position desired, while the operator applies one hand to the shoulder, and the other to the head externally. If now the pains are not too violent, by an upward and lateral displacement of the shoulder, he may gain space enough to allow the head to drop, or be forced by pressure externally into the upper strait. In withdrawing the hand the vertex can be adjusted to the position desired. The process of turning by the feet, is too well known to need description. The danger to the mother of podalic version, is first, from rupture of the uterus, and second, from inflammation of that organ, the result of pressure, and irritation from our manipulations. The danger to the child, is from pressure on the funis, and death from detention of the head. In turning by the feet, the hand should follow the sacrum, and spine of the mother. The knees will be found near the umbilicus, the feet near the breach. Shall we secure both feet or one only? Unless the pelvis is ample and the child small, we would say take neither; but instead take the child by one knee, and by that one nearest the spine of the mother, if the child lies upon its side. Why? For the simple reason, that the knees are nearest the pelvic outlet; are easier found; and furnish a much better surface to grasp. If the lower knee only is seized, the woman on the back, the weight and position of the child favors the version. If we drag down one knee only, we add considerably to the diameters of the child's pelvis, and by so much, expand and dilate the soft parts of the

mother, and thus render the passage of the head so much the easier and safer. More children are born alive by turning by one knee, than by both feet. As the mortality in version by the feet, and in all footling cases, is fearfully great, the question naturally arises, how shall we conduct this process, so as to save the life of the child? This, cannot always be done even in hands most skillful. We can aid nature, however, very materially in her efforts, by the following means. Place the patient on her back, in the position advised for the process When the os uteri is fully dilated, or easily dilatable, give ergot freely, unless the pains are frequent and very efficient.

Make no traction on the child in an ordinary footling case, until the hips have passed the vulva, for fear you draw the child's arms up over its head, and thus delay and complicate the labor. When the hips have passed the vulva, and you fear pressure upon the the cord, terminate the labor as rapidly as possible, consistent with safety. To save the child, place an assistant on each side of the patient, and direct them to cover the uterine globe with their expanded hands, and to make strong and continuous pressure upon it, while you drag down the body, and liberate the arms. When the arms are delivered, elevate the child, pass the index finger into the mouth, and hook it over the lower jaw, at the symphisis, and make traction upon it in the curve of the sacrum. In the mean time, you urge the woman to bear down vigorously. Your assistants, now, by well directed pressure from above, will literally force the head through the straits of the pelvis, and thus perhaps save a life which would have been lost by a few minutes delay, from pressure on the cord. The forceps cannot be compared in point of efficiency, to well directed pressure upon the uterine globe, nor can they be so promptly applied. When the head is detained in a footling case, violent traction on the neck is too often practiced, and, in my opinion, can not be too strongly condemned. That many a child has been literally killed by the practice, I have not a doubt. There is a case on record of death from dislocation at the first and second vertebræ, in a boy of six years, merely from holding him up by the head, in sport. If the weight of the body in a child of six will produce such a result, what should we naturally expect from the violent traction of the accoucheur upon the delicate structures of the neck at birth? Most assuredly, pressure on the cord, is not the only cause of death in footling cases.

A few words on position, and I have done.

In the April number of the *American Journal Medical Sciences*, for 1866, I reported four cases of shoulder presentation occurring in the same woman, in four consecutive labors. The two first labors occurred in the practice of my friend Dr. Bell, (first seen, however, by a midwife, and valuable time lost). After repeated efforts to turn, by Dr. Bell and myself, the patient under chloroform and lying on her back; we were finally compelled to mutilate the child, in both labors, before we could deliver. This was not done, however, until every evidence of life was extinct. In one we had prolapse of the cord with the arm, removing all doubt; in the other we were equally certain, from the presence of the usual physical signs of death. In the third and fourth cases Dr. Bell was either sick or absent, and I was called upon. In both labors I found very firm impaction of the shoulder, and strong uterine contractions. In both I tried to turn the patient on the back, and under chloroform, and in both I signally failed. In the third labor, believing the child to be large, I thought I would call to my aid the force of gravity, and placed the patient upon her knees and breast, and in this position gave her chloroform. Introducing my hand, I was surprised to find the arm of the child almost entirely returned into the uterus by gravity alone. I was still more astonished at the free and easy motion of my arm within the uterine cavity, and at the ease with which I displaced the shoulder, caught the feet, and turned the child. The version accomplished, the patient was turned upon her back—and in a short time delivered of a living child. The fourth labor was managed in precisely the same manner, and with the same happy result to the child. Since the publication of the paper to which I have referred, the same patient has had another shoulder presentation, the *fifth in succession*, and probably the only instance of the kind on record. The fifth labor was managed in the same manner. After failing to turn upon the back, she was placed again upon her knees and breast, chloroform given, and version by the feet very easily accomplished. The child was born alive, the placenta came away easily, the uterus contracted well, there was no post partum hæm-

orrhage to exhaust her; there was no evidence of metritis or peritonitis, and not much pain, and yet my patient died upon the second day after delivery, of what I do not know. She appeared to die of shock from some grave lesion to her nervous system. Perhaps the attenuated walls of her over-taxed womb had given way at some point which I did not notice, and she may have died of hæmorrhage into the peritoneal cavity. To my great regret, no post-mortem was allowed.

Since the first case, to which I have referred, I have never failed to accomplish version, podalic, or cephalic, in the knee-elbow position, with the greatest ease to myself and patient. In my first report, I stated that this position was preferred, 1st. Because the force of gravity naturally drags the uterus and its contents from the pelvic outlet. 2nd. Because in this position the woman cannot bear down with any force, and thus resist our efforts to turn. 3rd. Because in this position, *uterine contractions are much diminished in force and frequency.* Why? I know not, unless it be hat the uterus and its contents, by falling away from the spinal column, relieves from pressure and irritation, certain spinal, sacral, or uterine nerves, and thus allows them a measure of physiological rest. 4th, by atmospheric pressure. In this position, the vagina is so expanded that the hand passes with the greatest ease; is not cramped by pressure within the uterus, but can be moved about with comparative ease and freedom.

In this position we can practice version as Blundel directs in his favorite aphorism of "*arte non vi*," by "skill not force." Version on the back *with a firmly impacted shoulder* will often make the accoucheur believe that the primeval curse is upon him, and that he is literally "earning his bread by the sweat of his brow." Version in the first position may be compared to the "Reed method" in dislocated hip.

In the hands of the master, we see a joint or two flexed, a little lateral pressure, here and there, scientifically applied, and then a gentle but rapid extension of the limb, and the joint is reduced before the patient is aware of the attempt. In this we have the perfection of science and art combined. Version upon the back is like the old method of reducing the hip, in which the lever and pulley, and brute force, contend for hours for the mastery over rigidly contracted muscles, but in which, perhaps, the joint is finally returned (in vulgar but expressive terms,) by main strength and awkwardness. But enough, the practice on trial will commend itself. That the position advised for all cases of version, cephalic or podalic, is too much neglected, I infer, from the fact that at a recent session of the Cincinnati Academy of Medicine, before which Dr. WRIGHT was invited to lecture on Version, and at which many eminent practitioners of that city took an active part in the discussion which followed, and in the report of a large number of cases, not one of them referred to the position upon the knees and breast as facilitating the operation. This I consider remarkable. Dr. Wright in his prize essay on Version, published in 1854, states that in one case he succeeded in turning in this position, after five different accoucheurs had failed in the dorsal, and the woman had been sixty hours in labor. The position advised so far, in my humble opinion, has not received that attention and endorsement from the profession, to which its merits entitle it, and which it is yet destined to secure.

CONCUSSION OF BRAIN FOLLOWED BY ERYSIPELAS OF SCALP AND DEATH.

By W. H. H. GITHENS, M. D.

Of Philadelphia.

Thomas R——, aged forty-three years, temperate, well built, and healthy, a boiler maker by trade, received a blow on the left parietal protuberance from an iron maul weighing nine pounds. This blow was delivered with the full force of a strong man. Unconsciousness followed, lasting about fifteen minutes. There was an incised wound of the scalp about two inches in length, from which some sixteen fluid ounces of blood were lost. There was no other shock apparent than the temporary unconsciousness immediately succeeding the blow. The patient walked to his home more than a mile distant from the scene of the accident, and essayed to go to work the following day; but feeling too unwell to do his customary work, he returned to his home, stopping on the way at a drug store where he was supplied with a dose of purgative pills.

I first saw the patient on February 10th, four days after the receipt of the injury. He was then suffering from excessive purgation following the use of the pills, a slight but general

bronchitis and nausea; there had been no vomiting. The wound was healing by the first intention; on the side of the neck, including the ear of the wounded side, were some erysipelatous blotches; the epithelium of the entire scalp was desquamating; there was very little constitutional disturbance, and no delirium or other mental disturbance. I prescribed:

℞. Quiniæ sulph., ℥ss.
Acidi sulph. q.s. ut ft. sol.
Tr. ferri chlor., f.℥j. M.
Sig.—Twenty drops every two hours.

℞. Morphiæ sulph.,
Potass. cyanid., aa gr. ij.
Syrupi, f.℥ij. M.
Ft. sol.
Sig.—Teaspoonful every four hours.

February 11th, fifth day.—Purging and nausea entirely relieved; cough less troublesome; patient had passed a good night and felt very comfortable; found him up and dressed on my arrival. The erysipelas had advanced around the neck and reached the cheek and temple. During the next four days the erysipelas traveled across the face, closing both eyes, and was then subdued. Desquamation followed normally; the bowels were regulated by the use of Seidlitz powders; the patient refused all nourishment. Beef tea and milk were ordered at regular intervals. He finally relished the milk, and would use three pints daily, but did not like the beef tea.

On February 15th, the ninth day since the accident, the erysipelas commenced to recede, but simultaneously with its disappearance, a slight fever with delirium set in, the cough became more troublesome, the patient again refused to eat anything and also to take his medicine; declared that he was perfectly well and wished to go out, tried to pick the lock of the door, to break the hinges, to climb out of the window; and also evinced his mental derangement in various other ways, refused to be kept in bed and insisted upon being dressed for the street. Pulse now numbered 100 beats per minute, the skin dry but not hot, no thirst, the patient put his tongue out straight when told to do so; speech was thick and incoherent, relating to matters concerning the shop; he did not seem to recognize those who spoke to him.

Tenth day. Pulse 120, spasmodic jerking of muscles of arms and legs as he lay asleep; mind in the same condition as the day previous; stools thin, dark, liquid. I continued the quinia and iron, placed a large blister on the back of his neck and prescribed

℞. Tr. opii camph.,
Syrup. ipecac, aa. f.℥ij
Spts. æth. nit., f.℥iij
Aquæ, f.℥iij. M.
Sig. Teaspoonful every four hours.

Eleventh day. Pulse 126, muscles of limbs entirely quiet, mind less clouded, the swelling had entirely disappeared from face, stools formed, light in color, urine plentiful, of a high amber tint, forehead warmer than body, he could not be induced to remain in bed and would take no food except the milk and a small quantity of whisky, generally refused the medicine when given by any one but myself; took it readily from me.

Fourteenth day. Patient had slept well the night previous, pulse was now 110, skin inclined to be moist; tongue coated, moist; stools solid, flattened and brittle; slight hiccough occasionally; his appetite for the milk was increasing, he would now drink all that was given to him; took his medicine more regularly, understood questions and could form words into short sentences, although his mind still wandered.

Fifteenth day. Hiccough had become very troublesome the previous night, keeping the patient awake when he seemed inclined to sleep; stools were now softened; urine copious and dark; when asked how he felt, he replied that he never felt better, was perfectly well; but he was not so bright as the day previous; pulse 114 and weaker. I prescribed,

℞. Ol. succini, gtt. lxxx.
Moschi, gr. v.
Ol. menth., gtt. ij.
Mucil. acaciæ, f.℥ij. M.
Sig. Teaspoonful every half hour.

Sixteenth day, Pulse 126; mind clearer; patient understood and answered when spoken to; agreed to stay in bed and promised to take food and medicine; face looked thinner; nose slightly pinched; hiccough had ceased entirely; alvine dejection natural; urine, copious; skin comfortably warm; head hot; wound of scalp entirely healed.

Seventeenth day. Pulse too feeble to be counted. I increased the quantity of stimulants, placed hot bottles to patient's feet, and renewed blister on his neck. I then prescribed

℞. Quiniæ sulph., gr. viij.
Morphiæ sulph., gr. ij.
Syrupi, f.℥j. M.
Sig. Teaspoonful every hour.

Afternoon of same day. Pulse much improved, 120 beats per minute; slight but repeated bilious vomiting; a collection of mucus in trachea and bronchial tubes gave to the respiration an unpleasant and rattling sound; hands cool; forehead hot; nose pinched and blue; the cough shook the patient very much, and kept him from resting; mind much clearer. I placed blister over stomach, and laid stress on regularity in giving food and stimulants.

Feb. 24th. Eighteenth day since the receipt of the blow. Died late in the morning.

I would call attention to several points in this case which seemed to me important and peculiar. First—the patient was a very powerful man; he had been able to take a sheet of boiler iron and bend it over his head; he had never before been under the care of a physician.

Second—the absence of any constitutional derangement during the progress of the erysipelas. He was a tobacco chewer, and did not lose his relish for the weed.

Third—the brain symptoms being held in abeyance for more than a week and then commencing; not resembling an inflammation, there being at no time any pain in the head, and nothing in the eye to suggest congestion; the head was warmer than natural and the reasoning power and memory were gone.

Fourth—the apparently favorable progress of the case, with the exception of a few fatal prognostics, such as his persistence in saying that he felt well and wished to go out; his disrelish for food from the first, and the hiccough and pinched nose.

PROGRESSIVE PARALYSIS OF THE TONGUE, LIPS, CHEEKS, PALATE, FAUCES, ETC.

By Henry T. Bahnson, M. D.

Of Salem, N. C.

J. E. S—— consulted me January 1st, 1870. He is aged forty-three, is unmarried, and of temperate habits. Had been for years a furrier, afterwards served in the army (Confederate), and since the close of the war has been variously occupied, having been clerk in a country store for the last few months. Has no hereditary or acquired taint of constitution; his health has been always good. Last summer he noticed a difficulty in using his tongue, interfering with both speech and deglutition. This lasted some weeks, coming on gradually and as gradually leaving him.

About October it returned, and has continued getting always worse in spite of medical treatment. To-day patient comes to consult me as to the performance of an operation for "fallen palate," his complaint having been so pronounced by a physician up the country.

A glance at patient's countenance showed something wrong. There was a want of expression in the relaxed buccal and labial muscles, and hanging lower jaw, reminding one strangely of the vacant look of idiocy. His speech was thick and labored, and barely intelligible, his tongue lolling between the teeth as he talked. He could not spit, nor blow, nor whistle. When he blew his nose, everything felt as though it would come out of his mouth, he said. He could not eat without holding the morsels between the teeth by supporting his cheeks with his hands. Sometimes he could not swallow; everything would fly back through his nose. These symptoms had been gradually increasing in intensity since last October. The summer before only speech and deglutition had been interfered with. In the morning, and after resting during the day, he was much better; could speak and eat with less difficulty. His appetite was very good; in fact, he suffered in being unable to gratify its cravings. He had no pain in the head nor elsewhere, and every other function of the body was performed as usual. A thorough physical examination revealed nothing.

The mouth inside presented nothing to the view except a diffused redness of the fauces, caused probably by gargles of salt and red-pepper he had been using "to raise the palate." The uvula hung motionless, but not more than the third of an inch in length. The sense of taste, as well as tactile sensation, inside the mouth, were unimpaired. He could protrude his tongue without much difficulty, but tremblingly.

Further questioning elicited the facts that he was an inordinate consumer of tobacco—chewing and smoking often at the same time—that he had for years used hair dyes—Hall's Vegetable Sicilian, and others; had during his life taken very little medicine, *never bromide of potassium.*

The diagnosis was plain, and basing my prognosis upon what is stated of such cases in Niemeyer's excellent German work upon Pa-

thology and Therapeutics, I augured unfavorably for him, and frankly told him so, insisting upon a consultation. To this he objected, and requested me to try whatever I might think best. I ordered a pill of 1-20 gr. strychnia and 1 gr. quin. sulph. to be taken thrice daily, and the following week increased the proportion of strychnia to 1-12 gr., promising myself and him a trial of the magneto-electrical apparatus in the course of a few weeks. At the end of three weeks he had not improved. He told me he felt himself getting much weaker every day, and had made up his mind that nothing more could be done for him. As I had no electrical apparatus, I again urged a consultation, but he did not wish it. I gave him nothing more, and lost sight of him for a week or so.

On the 2nd inst. (consequently, one month after I first saw him,) during my absence on other professional duty, he was suddenly seized with an attack of asphyxia. He declared he could not live, and soon became unconscious, with pallid face, cold, pulseless, and rigid extremities, and even these ceased sometimes for several minutes. After lying unconscious about two hours, to the surprise of all present, he opened his eyes and stretched out his hand to his brother who was standing by. He recovered sufficiently to walk on the street the following day; soon after which he had a similar attack, but without losing consciousness. This was succeeded during the day by several others—any exertion, especially that of speaking, would bring them on; but strange to say, he could both speak and swallow better, than had been the case for several months. I was not able to see him during all this time, but nothing further was attempted for his relief.

On the morning of the 4th inst. he walked from his chair and got into bed without assistance, bid all his friends around good bye, and gradually growing weaker, he calmly expired about half an hour afterward, retaining consciousness and smiling upon his friends to the last. He never had a pain during the whole course of his illness. During his attacks of difficulty of breathing he would clutch at his neck as though he felt the obstruction there, and indeed so he told his friends. No *post-mortem* examination could be made.

These few facts have been hastily compiled, and so may not give perfect satisfaction to your readers; but if they serve to excite an interest in so extraordinary a case, I shall be most happy to answer any inquiries my mea gre details may suggest.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

December 13th, 1869.

REPORTED BY DR. J. W. HADLOCK.

Cephalic Version.

During the discussion on the papers of Dr. J. F. Whittaker, published in former Nos. of the Reporter, "on Palpation of Pregnant abdomen," and "Rectification of the Fœtus in Utero," the subject of *Cephalic Version* was incidentally referred to, when by an appropriate resolution and vote, Prof. M. B. Wright was invited to deliver a lecture before the Academy on his peculiar mode of manipulation in such cases.

The amphitheatre of the Ohio Medical College was chosen for the occasion, and an audience of about 500 persons, members, students, etc., greeted the gentleman, who was introduced by President W W. Dawson, and spoke in substance as follows:

Dr. Wright began by thanking the members of the Academy, for their kind invitation thus to appear before them, and for so marked an expression of good will.

If I understand the purport of your resolution, I am to address you on the management of shoulder presentations by cephalic version.

From the days of Hippocrates onward through a long period of time, all presentations of the fœtus were deemed unnatural, except those of the head; hence, when the former were detected, efforts were made to change them for the latter.

There seems not to have been any very definite plan, however, for the accomplishment of this object, each practitioner being left somewhat to the dictates of his own judgment. So far as we have been able to consult authorities, the changes were effected by *external* manœuvre.

Then came the introduction of podalic version, by Ambrose Paré, Guillemain and others, and this mode of delivery, in wrong presentations, and in complicated labors, has been the reigning fashion from that day to this.

The difficulty of performing podalic version in many instances, and the fatality attending it, induced Prof. Flament, of Strasburg, to return to cephalic version, and through his influence it was re-admitted among obstetrical operations.

From the known tediousness, not to say difficulty, of rotating the fœtus, and changing the presentation by the old external method, he recommended the introduction of the hand into the cavity of the pelvis and the direct seizure of the head.

It is not strange that this method failed to secure many adherents; and the author himself did not continue long its zealous advocate. To seize the head with sufficient force to bring it into proper adjustment at the superior strait, the shoulder and breech still acting as obstacles, was found to be no easy task. The method of Wigand combined external and internal use of the hands, yet it was essentially external. He introduced one hand into the cavity of the pelvis, and brought the fingers in contact with the presenting part, while he applied force upon the head with the other hand upon the abdomen. This plan was manifestly imperfect, and external manipulation gained the ascendancy, and has increased in importance in many parts of the world. It is more easy of description than execution. It consists in pushing down the head with one hand, and pushing up the breech with the other.

In 1864, Braxton Hicks suggested a method which may justly be considered an improvement on Wigand's. He introduces one hand into the pelvis, and after raising the shoulder, endeavors, by a conjoined pressure upon the head externally, to change the presentation.

The method of performing cephalic version as adopted by myself, and which I had the pleasure of introducing to the profession many years ago, will now be briefly described. Perhaps a more perfect understanding of the manœuvre may be attained by directing some attention to the mannikin. The fœtus is now in position—the first, with the back directed to the front, the right shoulder occupying the superior strait, the head resting in the left iliac fossa, and the breech in the right. Now we have the second position with the back in front, as in the first, but with the left shoulder at the superior strait, the head being in the right, and the breech in the left iliac fossa. As the manœuvre contemplates the movement of the shoulder to the right in the one case, and to the left in the other, the hand to be used for the accomplishment of these objects is self-evident.

Suppose the labor to have advanced sufficiently to justify an attempt to change the presentation by cephalic version, and the patient to have been placed in the usual position for turning, the fœtus being in the first position. The right hand is to be introduced into the cavity of the pelvis, and advanced to the shoulder which is presently to be grasped. The left, or external hand, is to be applied to the abdomen of the mother over the breech of the fœtus. Pressure is to be made with this hand, with a view to force the breech and body of the fœtus nearer the centre of the uterine cavity. Then the intra-pelvis hand is to push the shoulder into the right iliac fossa, and, laterally, a sufficient distance to enable the head to take its place at the superior strait.

It will be seen that if we simplify the term version to mean a mere change of position, a rectification of a bad presentation for a good one, the manœuvre will not present itself in so formidable an aspect. It is, in fact, no greater complication than the gliding of the segment of an inner circle upon the segment of an outer circle.

The superiority of my method of performing cephalic version, is apparent from the fact that force is applied *directly* to the shoulder, the part to be removed, while by other methods the force is brought to bear *indirectly*—through the abdominal walls, which may be thick and unyielding; through the uterine walls, which may have become rigid; through the fœtal head, which may not be in proper line with the shoulders. And again, the head being movable in the iliac fossa, may be forced downward with the chin upon the breast or shoulder, and thus increase rather than remove the evil.

That cephalic version can be performed, and successfully to both mother and child, no longer admits of a doubt. The question then arises, is it preferable to podalic version? This is to be determined by their comparative ease of performance and their chances of saving life.

In many cases both cephalic and podalic version may be readily performed; in some cases podalic version may be possible, and cephalic version easy—in other cases the reverse may obtain. I have performed cephalic version easily, after having made several ineffectual efforts to bring down the feet.

Dr. PENROSE has published in the *American Journal of Medical Sciences*, January, 1856, a case of twins, in which he delivered the second child by cephalic version, after having failed in his efforts at podalic version.

According to the statistics of LEE, out of seventy cases, ten were fatal to the mothers—seven from rupture, and three from inflammation of the uterus. It is true, the causes rendering version necessary may have contributed to the fatality. Evil to the child is to be anticipated when we take into consideration the fact that, in a natural presentation of the feet and spontaneous delivery, one out of two and a half are born dead.

A skillful application of force to the shoulder and breech of the child does not necessitate danger to it or injury to the mother.

Some of our own distinguished countrymen have fallen into errors in describing my method of performing cephalic version. Professor MILLER, in his last work on obstetrics, says the hand must necessarily enter the cavity of the uterus. Let us see. The fœtus is now in position, the shoulder occupying the superior strait. My hand is now in the cavity of the pelvis, and my fingers are against the shoulder of the fœtus. Is any portion of my hand in the cavity of the uterus? To enter this cavity, my hand must pass beyond the body of the

fœtus, and this would defeat all efficient action on the shoulder. Again, he alludes to the difficulty of acting on the head. I have said, and now repeat, that action on the head constitutes no essential part of my manœuvre. While the shoulder is being pushed aside, the head must follow, and engage more and more in the superior strait, as it becomes cleared. It is true that it may sometimes be grasped advantageously as it falls into the strait, to be retained in position until the contractions of the uterus are brought to bear upon it.

Again, he objects to cephalic version on the ground that it is an unfinished operation; in other words, that it does not terminate labor. The object in changing the presentation is not to terminate labor, but to save the child, and to place it in the best possible position to secure speedy delivery.

Prof. Hodge intimates that the hand is applied to the surface of the abdomen for the purpose of rectifying an obliquity of the uterus. This is incorrect. While the uterus may be thus changed in its direction, the leading object to be accomplished, is the movement of the fœtus more in correspondence with the axis of the superior strait.

It has been claimed that after the shoulder has descended below the brim of the pelvis it must necessarily be raised vertically before being moved laterally. I can appreciate the importance of this movement preparatory to action on the head, but it is not necessary or proper when the shoulder receives direct pressure from the hand, and the body is moved in a curved line.

In podalic version a prolapsed arm is no impediment to the introduction of the hand into the cavity of the uterus; but it must be raised above the brim of the pelvis before proceeding to the performance of cephalic version. This has been represented in the books as difficult—nay impossible. My experience differs so widely from this, that I should not hesitate to bring down the arms in aid of a correct diagnosis respecting the presentation. To illustrate: The arm is down; I will now return the hand, and bend the forearm. This gives me control of the elbow. By pushing against it, and at the same time directing it close along the body of the fœtus, sufficient space will be found to raise it above the strait. It is no longer an obstacle, as you perceive, to the lateral and ready movement of the shoulder.

Cephalic version is not presented as an exclusive mode of treating shoulder presentations; nor is any one manœuvre to be adopted to the rejection of all the rest. There are many means to be adopted or rejected, according to the circumstances of the case.

In a case of uterine hæmorrhage, accidental or unavoidable, speedy delivery being demanded, a resort should, perhaps, be had to podalic version. In case of prolapsed, unreturnable funis, the same course might be deemed most practicable. In both these complications, however, as well as in rupture of the uterus, it would be gratifying to know that several modes of version were subject to our selection. It is never advisable to perform podalic version, however important the emptying of the uterus might be, for the arrest of puerperal convulsions, if possible to avoid it. I was present during a paroxysm of this fearful complication, induced by the introduction of the hand into the uterus, and death resulted in less than five minutes. Cephalic version, aided, if need be, by forceps, offers the best prospect of success.

Let me say in conclusion, that while we should be just, the one to the other, in according whatever there may be of merit, our higher obligations, as professional men, is to render good service to our patients. We should not stop to inquire who suggested this, or from whom came that? but what are its advantages? In presenting to the consideration of the profession what I deem a useful and preservative mode of treating difficult labor, I had no ambitious thoughts of myself. All my reflections, experience and feelings were concentrated upon the sufferings of women. If I have succeeded in presenting the means by which she may be relieved of any of the many pangs of child-birth, I shall be content.

NEWPORT AND COVINGTON (KY) MEDICAL SOCIETY.

December 14, 1869.

(REPORTED BY DR. HADLOCK.)

The Society held its regular monthly meeting at the residence of Dr. Duke, and its proceedings were as they always are—interesting and entertaining scientifically—whilst the *collation* was interesting physically.

Two able papers were read and discussed. One by Dr. J. J. Temple, on the

Use of Opium in the Diseases of Children.

Dr. T. argued in favor of a more liberal administration of opium in this class of patients; that it is a mistake to suppose that children do not "bear opium well." He had given the ½ of a grain to children twelve and fifteen months old without any unpleasant results, but on the contrary with beneficial effects. He knew that the sense, or rather the prejudice of the profession, was against the *liberal* use of opium in diseases of children. In that position he believed the profession to be wrong. Not many years ago bloodletting was resorted to in almost every case, and it was also the doctrine that you had to salivate your patients in order to cure them. He would ask where is the intelligent medical man who would now advocate such a doctrine? Time and experience had convinced the profession that it was

wrong in its position respecting these two remedies—and if wrong in one thing could it not be wrong in another: Upon the plea that children do not bear opium well, he believed it to be as erroneous to withhold the soothing influence produced by the administration of a dose of opium, as it was formerly erroneous to advocate the doctrine of indiscriminate bloodletting and salivation. The opposition to the use of opium in the diseases of children was based upon the "hypothesis, which prevails among some of the best minds of the profession, that there exists a difference in the nervous organization of the child and adult. This difference can only be in the degree of the progressive development of the two organizations—their natures are essentially the same. This being true, everything else being equal, the same agencies being used in both organizations, results exactly similar should follow. I have prescribed opium for children of all ages and almost every variety of complaint. Size of dose varying from the 1-25 to ½ of a grain, being controlled by the age and development of the child."

The other paper was presented by Dr. Wise, on the use of

Opium in the Rigid Os.

Dr. W. related a number of interesting and instructive cases wherein he had resorted to opium in this condition of the os and had the satisfaction of witnessing its good effects in these cases by relaxing the parts.

Editorial Department.

Periscope.

Treatment of Croup.

A number of the *Journal für Kinderkrankheitern* has a lecture by Dr. Fabius, of Amsterdam, on the treatment of croup, which we quote from the *Boston Medical and Surgical Journal:*

Dr. F. never employs antimony, calomel, or bloodletting; for, as he says, "the chief object in treating croup is to avoid debilitating remedies as far as possible." Ipecac is just as good an emetic as antimony; other purges are equally efficacious with calomel; bleedings are unnecessary. Of late years he has ceased to let blood in croup, and has been much more successful with his cases than formerly. An emetic, a warm poultice to the neck, and a large quantity of warm steam in the room, are his "abortive" measures. "In croup," he says, "this treatment brings relief; while in pseudo-croup it brings cure, or, as some say, it aborts croup."

If false membrane has actually formed, Dr. F. contends earnestly against the use of antiphlogistics. Antimony is abundantly proven to have been the frequent cause of sudden death in young children. Sulphate of copper is also rejected by Dr. F. He declines to speak of chlorate of potash, but ascribes more efficacy to carbonate of potash. Luzsinsky, of Vienna, by whom the latter was employed extensively, claims to have saved by its means 75 cases of pure croup. Vogel, of Munich, gives it the preference over all other medicines; and Dr. Fabius says that he has had 12 successful and 3 unsuccessful cases under the use of this remedy alone; besides 5 successful ones where tracheotomy was performed. In doses of from ʒss. to ʒij. daily, diluted with water, it is not debilitating nor dangerous. It should be noted that the carbonate—not the bicarbonate—is what is intended.

The effect desired of emetics is purely mechanical, to clear the air-passages. They may be repeated two or three times a day, so long as the stomach answers readily to the stimulus, and must be left off as soon as the act of vomiting seems no longer to relieve the respiration. Emetics, poultices, steam, and carbonate of potash, are his remedies until tracheotomy becomes needful. "We ought to operate when the disease is becoming worse, and the difficulty of breathing greater; when the anxiety begins to be permanent, and cannot be removed by emetics; when the scrobiculus cordis and the region above the clavicles are drawn in upon inspiration; when, finally, double pneumonia is not present, nor any other inevitably fatal condition, and when the strength is not too far gone." He advises care in avoiding bloodshed, rather than rapidity in operating; care, he says, "like that required in making an anatomical preparation."

An Artificial Penis.

Dr. J. P. Gray, at the last meeting of the New York State Medical Society, (*Medical Record*) reported the following strange case:

The individual was a native of Germany, and had always been considered as a female—wearing the usual apparel of the sex, and in every respect conforming to the requirements of such a supposed condition. Occupied as a cook, he became associated with a young Dutch girl who was the assistant. They remained together for a period of three years; and when the patient became impressed with the

possibility that a separation might occur, the attachment on his part, which previously had been more or less latent, ripened into love. In sheer desperation, feeling that life would be unendurable without her, he made a declaration in due form, and avowed himself a man, giving as an excuse for appearing in woman's attire that while at sea he had been engaged in a mutiny, which, for the sake of his life, rendered the deception imperative.

When he determined to get married, being of a very ingenious turn of mind and fully appreciating his physical defect, he resolved to imitate nature and construct a penis for himself.

As presented to the Society it consisted of a body formed of cotton, six inches in length, having the shape of the penis, minus a prepuce, and sheathed in a piece of pig's gut, the whole having a slight vermilion color. To the feel it was rather elastic, and its shape was maintained by a piece of gutta-percha tubing, around which the cotton was firmly wound. At the root of the penis was a circular frame work of thick wire, with small square branches on either side for the purpose of attaching straps. The upper edge of the root of the penis was fastened to the upper portion of the ring by a strap which was long enough to reach to a waistband. The side straps were buckled on either side around the gluteal regions in the flexures of the groins, and by that means the apparatus was held in firm position. The central and upper strap was so arranged in the ring, that by a little jerk the penis could be instantly thrown in an erect position, and could be so maintained by buttoning it up higher. Beside this he had constructed a flesh-colored covering which completely concealed the straps. By means of this contrivance he was enabled to deceive his wife as to his virile power, according to her statement, for fifteen months, and the trick was only accidentally discovered as she was undressing him, while he was in a helpless state of intoxication. He told her when they first married that it was very indecent for a husband to undress in the presence of his wife, and that it was customary for her to retire first and blow out the light. This habit gave him ample opportunities for arranging his apparatus in an erect position before retiring. Partly from fear that his virile power would be questioned, and partly from ignorance, the time of actual coitus would not unfrequently approach an hour. When the discovery was made the wife hid the instrument, and the patient subsequently attempted coitus by contact, but, as is affirmed, with very unsatisfactory results, although both parties had an incomplete orgasm. It is evident also that the sufferer had sexual instincts, inasmuch as a love for the girl had been engendered, which was, after the discovery of his deception, turned to poignant jealousy. The patient is at present a victim of exalted delusions, and the wife has applied for a divorce.

The Indications for Tracheotomy.

Dr. GEORGE JOHNSON, Physician to King's College Hospital; Professor of Medicine in King's College, London, writes on this subject to the *British Medical Journal:*

When the symptoms of laryngitis, whether in a child or in an adult, continue and increase and threaten life, or when, in a case of diphtheria, the extension of the disease to the larynx causes the same threatening symptoms, we ought to have recourse to tracheotomy; and by this operation we may not unfrequently save a life which must otherwise inevitably be lost. The operation is more frequently successful in cases of simple laryngitis than in diphtheria—for the reason that, in the latter disease, the exudation often extends into the trachea and bronchi; so that an artificial opening in the windpipe does not counteract the cause of the apnœa. It is more frequently successful in adults than in children, and more frequently in older than in very young children. In adults I have rarely failed to save life by the timely performance of tracheotomy; but in children I have rarely succeeded. In very young children, the trachea is so small that it is scarcely possible to introduce a metal tube; and the operation is, therefore, impracticable. The youngest child that I have seen saved by tracheotomy was one about two years old, who, while suffering from inflammatory croup, was operated on by Sir W. Ferguson.

Excluding those cases in which the operation is impossible on account of the small size of the trachea, the principles which should guide us in our determination to resort to tracheotomy are the same, whether the patient be a child or an adult.

In general terms, then, it may be stated that, when, in spite of prompt and judicious treatment, the obstruction in the larynx and the consequent dyspnœa continue and increase, and when there is commencing lividity of the lips and face, the time for tracheotomy has arrived. When a laryngoscopic examination is practicable, and when, by this means, we discover such an amount of structural change within the larynx as must obviously require several days, and perhaps even weeks, for its removal, the necessity for its operation will be still more apparent.

In considering the question of tracheotomy, it must continually be borne in mind that, if the operation be too long deferred, although it may remove the distressing sense of constriction in the throat, it will not save the patient's life. The reason is, that a prolonged partial apnœa gradually induces a condition of lung and of pulmonary artery which is irremediable and fatal.

The order of events appears to be this. The obstruction in the larynx limits the supply of air to the lungs; the blood in the pulmonary capillaries is

imperfectly aerated; and some partially aerated blood passes on into the systemic arteries. At the same time, the minute pulmonary arteries, by their contraction, lessen the supply of blood to the pulmonary capillaries in proportion to the limited access of air. This contraction of the minute arteries is doubtless called into action by a nervous influence transmitted from the capillaries. A message is telegraphed to the arterial stopcocks, requiring a diminished supply of blood so long as the respiratory changes are partially suspended. The blood, therefore, accumulates in the trunks of the pulmonary artery, in the right side of the heart, and in the systemic veins. The distension of the superficial veins renders the lips and the skin more or less livid; while the retrograde engorgement of the bronchial veins and capillaries, which belong to the systemic venous system, results in a serous effusion into the bronchial tubes. This serous exudation gravitates towards the basis of the lungs, filling the air-cells and smaller tubes, and thus still farther impeding respiration. Meanwhile, the slowly moving, partially stagnating blood in the pulmonary artery becomes more and more viscid, and at length partially coagulates. Hence, on *post-mortem* inspection, fibrinous coagula, which had evidently been in process of formation for several hours before death, are often found in the pulmonary artery. A state of partial apnœa, therefore, exceeding a certain limit in degree and in duration, results in œdema of the lung, and coagulation of blood in the partially obstructed pulmonary artery; and these changes in the lung and in the artery may, alone, suffice to destroy life. Tracheotomy, then, to be successful in rescuing the patient from fatal apnœa, must be resorted to before the lungs have become highly œdematous, and before the blood in the pulmonary artery has lost its fluidity.

When the laryngeal obstruction has been of recent origin and rapid in its course, it is the more likely that life may be saved by the prompt performance of tracheotomy; but, when urgent dyspnœa has been of long duration, there will always be reason to fear that the lung and the blood in the pulmonary artery may have passed into the condition that I have described.

We may sometimes obtain more positive evidence as to the œdematous condition of the lungs. There may be dullness on percussion over the lower lobes of the lungs, and a fine moist crepitation over the same extent. As a rule, however, when there is great obstruction in the larynx, auscultation teaches us little as to the condition of the lungs. The loud laryngeal stridor completely masks the pulmonary sounds; which, besides, are very feeble, in consequence of the small volume and force of the tidal air in the lungs.

We may suspect that the blood in the pulmonary artery is coagulating, when, with increasing dyspnœa, there is a combination of pallor and lividity of the skin and lips, with extreme feebleness of the pulse. The lividity is a result of over-distension of the systemic veins, while the pallor and the pulselessness are due to a corresponding emptiness of the arteries; the venous fullness on the one hand, and the arterial emptiness on the other, being direct results of the obstruction in the pulmonary artery.

I have nothing to say as to the mode of performing the operation of tracheotomy. That is a purely surgical question, with which I do not meddle. But I must insist upon the importance of keeping the air of the room warm and moist so long as the patient has to breathe through the opening in the trachea. A neglect of this precaution might result in an attack of bronchitis or pneumonia.

Another point which deserves notice is that, while a patient is breathing through the artificial opening, so much is the reflex excitability of the larynx lessened, that, during deglutition, liquids sometimes enter the larynx, and then escape through the canula. This may, to some extent, be prevented by directing the patient to close the tube with his finger during the act of deglutition.

A gentleman suffering from acute laryngitis, whom I attended with Mr. Heckstall Smith and Dr. ALLFREY, and who was rescued from impending suffocation by tracheotomy performed by the latter gentleman, while he was breathing through the tube, one day got a piece of bone into his larynx from soup that he was drinking. The foreign body caused him much annoyance until it was expelled by a cough. The patient completely recovered, and returned to his work in India. The lesson taught by this and other cases is that, while a patient is breathing through an artificial opening in his windpipe, unless deglutition be performed with care, the food may "go the wrong way," and either lodge in the larynx, or, passing through the larynx, it may enter the bronchial tubes.

Reviews and Book Notices.

NOTES ON BOOKS.

The well-known German Journal "*Zeitschrift für rationelle Medicin*," has been discontinued after an existence of precisely a quarter of a century. The reason was the death of the principal editor, Dr. PFEUFER. It was one of the best medical periodicals of Germany.

A curious book has just been written by Dr. G. Latz, of Bonn and published by himself, entitled *Die Alchemie*. It is full of learning and enthusiasm, and the author claims to have found the wonderful *arcana* of the alchemists, which cure all diseases. We hasten to tell them to the world. They are: sulphuric acid, iron, carbonate of soda, nitrate of potash, liquor ammoniæ sulphuratus, hydrarg. oxyd. rub., with sulphuret of gold and sulphuret of antimony.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, MARCH 12, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE PHYSICIAN AS A STUDENT.

The season is now upon us when several thousand young men, armed with their diplomas as Doctors of Medicine, sally forth from the colleges to offer themselves as healers in different parts of our country. We would be glad to say a few words to each of them before they go, and these words are: Never neglect to study your profession; read every day at least a page or two of some sound, recent, book or journal; *keep posted.* Neither two, nor five, nor seven years study dispenses with the necessity of continued reading. Science is ever on the advance, making new conquests, reaping fresh harvests, and that professional man does not do justice to himself or his patients who on any excuse neglects to avail himself of all the knowledge within his reach.

We have often been surprised and disappointed at the insignificant libraries possessed by men whose names we had frequently heard mentioned with laudation. There are others who collect books, and do not read them. Occupation, indolence, poor eye-sight, poverty, a dozen excuses are offered, when physicians are urged to buy professional works. We do not believe in one of them. No one is so busy but that he can study a half hour daily if he wills. The most distinguished physicians, we note, show that they find more time than this. The historian Prescott was almost blind yet his works show an immense reading. And who is so poor that he cannot purchase ten or a dozen volumes a year, when he spends annually far more than they cost, in tobacco, cigars, or wines, or other self-indulgence?

American physicians are peculiarly open to the charge of limited reading. We find among them comparatively few who are owners of good libraries, and readers of them. Still fewer who seek liberal culture, and a wider education than schools and colleges furnish. Let us hope that the new generation of students will seek such matters and aim higher than their predecessors.

Chorea, or St. Vitus' Dance.

This most troublesome convulsive disorder, for which so many different modes of treatment have been recommended, is to be cured by a new remedy for several other diseases, viz: the ether spray. This has been applied by Mr. Perrond, of Lyons, with much success, to the spine of a young girl suffering from chorea. Eleven sittings, at each of which between two and three ounces of ether, in a fine spray, by means of Richardson's apparatus, were discharged on the spine, were followed by a complete cure. A second case had just as successful a termination under the care of M. Maynee, also of Lyons, the patient being a lad of eighteen.

Notes and Comments.

BULLETIN OF RECENT THERAPEUTICS.*

By Geo. H. Napheys, M. D.

No. 1.

In order to enable the compiler of this bulletin to do justice to American Therapeutics, he invites directly, from experienced practitioners, contributions for this column. He desires brief but specific details of tried methods of of treatment, *i. e.*, the exact combination of remedies employed; the doses; frequency of administration; contra-indications, etc., as well as the dietetic and hygienic management advised. He wishes not merely therapeutical novelties, but also a record of the negative and positive results of experience with either well established or newly suggested medical procedures.

While the compiler intends to collate widely and largely from foreign and American periodicals and monographs, he would like to draw upon the accumulated fund of unpublished therapeutical facts in the hands of many readers of this journal, whose co-operation, therefore, he confidently seeks.

OPHTHALMIC THERAPEUTICS.

1. Diseases of the Conjunctiva.

George Lawson, F. R. C. S., Surgeon to the Royal London Ophthalmic Hospital, Moorfields, etc.

Acute Conjunctivitis.

In the treatment of *Acute Conjunctivitis*, (catarrhal ophthalmia), our author recommends that, every two or three hours, or oftener, if the case be a severe one, the eyes be bathed with one of the following lotions, being careful at each application to permit a small portion to flow into the eyes.

Lotio Aluminis.

1. ℞. Aluminis, gr. vj.
Aquæ destillatæ, f.℥j. M.

Lotio Aluminis Mitior.

2. ℞. Aluminis, gr. iv.
Aquæ destillatæ, f.℥j. M.

Lotio Aluminis cum Zinci Sulph.

3. ℞. Aluminis gr. iij.
Zinci sulphatis, gr. j.
Aquæ destillatæ, f.℥j. M.

Cold water should be employed between the times of these applications, to keep the eyes free from the discharge.

A solution of nitrate of silver, (same strength as F. 14,) is useful, particularly when there is chemosis of the conjunctiva and swelling of the lids. Two or three drops of F. 14 should be dropped into the eye twice a day; the eyes being kept clear of discharge by bathing them in cold water as often as may be necessary. A little *unguentum cetacei* should be smeared along the tarsal borders of the lids at night to prevent their agglutination.

A purgative should be administered at the beginning of the attack. If the patient be hot and thirsty an alkaline or effervescing draught may be prescribed such as

Mistura Potassae Citratis.

4. ℞. Potassæ bicarbonatis, ℈i.
Spiritûs ammoniæ aromatici.
Tincturæ aurantii, aa f.℥ss.
Aquæ destillatæ, f.℥iss. M.

To be taken in effervescense with acidi citrici, gr. xiv, dissolved in a tablespoonful of water.

The spiritus ammoniæ aromatici, may be omitted if desired.

As a rule tonics such as bark, quinine, and iron are indicated after the first febrile symptoms ushering in the attack have subsided.

Chronic Ophthalmia.

Our author recommends as local applications when there is any extra secretion present stimulating drops or lotions, such as what he terms his

Guttae Argenti Nitratis.

5. ℞. Argenti nitratis, gr. i.
Aquæ destillatæ, f.℥i. M.

Or,

Guttæ Zinci Sulphatis.

6. ℞. Zinci sulphatis, gr. j–ij.
Aquæ, f.℥j. M.

These solutions should be dropped into the eye twice a day.

Lotions with alum, or alum and zinc combined (F. 2, 3,) are very efficacious.

If there be no abrasion of the cornea, the following lotion will be useful:

7. ℞. Plumbi acetatis, gr. ij.
Acidi acetici diluti, ♏ ij.
Aquæ destillatæ, f.℥j. M.

At night, if there be much secretion from the Meibomian follicles, the tarsal edges of the lids should be anointed with

Unguentum Hydrargyri Nitratis Dilutum.

8. ℞. Unguenti hydrargyri nitratis, ℈j.
Unguenti cetacei, ℥ij. M.

Stimulating applications should not be made to the eye when there is much photophobia, for they then fail to do good, and are apt to act as irritants.

Counter-irritation is frequently beneficial in chronic ophthalmia. A small blister may be applied to the temple or behind the ear, and repeated in two or three nights if necessary.

If the above remedies fail to afford relief, a seton of a single or double thread of thick, corded silk inserted in the temple will occasionally do good. It should not be allowed to remain longer than three or four weeks, for fear of producing an unsightly scar.

In cases of persistent chronic ophthalmia, the lids should be everted, and carefully examined for gran-

ulations. If these be present, the ophthalmia will continue until they are cured.

J. SOELBERG WELLS, PROF. OF OPHTHALMOLOGY, IN KING'S COLLEGE, LONDON, ETC.

Hyperæmia of the Conjunctiva.

is not unfrequently met with as a consequence of close application of the eyes to small objects by artificial light, or from contact with atmospheric or mechanical irritants. The cause is first to be removed. In order to relieve the feeling of heaviness which oppresses the eyelids, employ one of the following

Evaporating Lotions:

9. ℞. Spiritûs ætheris nitrosi, f.℥j.
Acidi acetici aromatici, gtt. vj.
Aquæ destillatæ, f.℥vj. M.

To be sponged over the closed eyelids and around the eyes three or four times daily, and allowed to evaporate.

10. ℞. Ætheris, f.℥ij-iv.
Spiritûs rosmarinæ f.℥iv. M.

To be used in the same manner as F.ⁿ9, but in smaller quantity, especially if the skin be delicate and susceptible.

The best *Astringent Lotions* are the following:

11. ℞. Zinci sulphatis, gr. ij-iv.
Aquæ destillatæ, f.℥iv-vj. M.

12. ℞. Plumbi acetatis, gr. ij-iv.
Aquæ distillatæ, f.℥iv-vj. M.

The above are to be applied by saturating a piece of lint with the solution, and laying it over the eyelids for 15 or 20 minutes, several times a day, allowing a few drops to enter the eye.

In chronic cases of hyperæmia these applications must give place to weak *collyria*, such as F. 6, or

13. ℞. Cupri sulphatis, gr. j-ij.
Aquæ destillatæ, f.℥j. M.

14. ℞. Argenti nitratis, gr. i-ij.
Aquæ destillatæ, f.℥j. M.

A drop or two of one of these collyria is to be applied to the conjunctiva. The sulphate of copper or lapis divinus may be used in substance by touching the part lightly. The eye douche or cold compresses should follow each of these applications.

The popular error that it is beneficial to the eyes to dip the face into cold water with the lids open is an injurious one, as it often leads to, or aggravates the affection under consideration.

The Eye-Douche.

The form of this instrument, recommended by our author, is a piece of India-rubber tubing about 4½ feet in length, carrying a rose at one end, and at the other a curved piece of metallic pipe, which is to be suspended in a jug of water placed on a high shelf. The fine jet of water thrown up through the rose should be about 12 or 15 inches in height; the force of it may be regulated by removing or approximating it to the eye. This form of eye-douche is much preferable to that applied by means of a cup, which is too strong, and may increase the irritation it is intended to relieve.

The douche is to be employed night and morning, or oftener if the eyes feel hot and tired, for two or three minutes at a time. The eye-lids are to be closed and the stream directed gently against them.

The steam atomizer or the instrument used for the ether spray, will also be found very useful and agreeable for the purposes of an eye-douche.

DR. ROGERS, OF MADISON, INDIANA.

Gonorrhœal Conjunctivitis.

15. ℞. Acidi carbolici, gr. i.
Atropiæ sulphatis, gr. ss.
Zinci sulphatis, gr. ij.
Aquæ destillatæ, f.℥i. M.

This solution is to be dropped into the eye every two hours and applied constantly with moist compresses externally.

Our author has proved the efficiency of this treatment in numerous cases of gonorrhœal conjunctivitis, with chemosis, great swelling of the lids, profuse purulent discharge, photophobia, etc. A week originally suffices for a cure.

B. A. POPE, M. D., NEW ORLEANS, IN CHARGE OF THE UNIVERSITY EYE AND EAR CLINIC.

Membranous and Diphtheritic Conjunctivitis.

When it is certain that a case is one of diphtheritis, that is, one in which there is infiltration of the conjunctiva, with diminished vascularity and tendency to the formation of false membranes, cauterization and the use of astringents are contra-indicated. Frequent *cleansing of the eye*, the application of *cold water dressings*, and the careful use of *mercurials*, are the principal means of treatment.

In the early stages of the disease, the *application of leeches* to the temple is often of decided advantage.

In a case of diphtheritis conjunctivæ, it is only when the second stage of the disease has arrived, namely that of restored vascularity and commencement of purulent secretion, that the use of nitrate of silver can be resorted to. The third stage or that of cicatrization, can be but little benefited by treatment.

The solution of nitrate of silver preferred by our author is of the streugth of gr. vj to the f.℥j. In administering mercury he orders gr. 1-10 of calomel every two hours, and mercurial inunctions upon the temple three times a day, or murcurial inunctions alone, upon the temple and in the axilla, every two hours.

Case of Abortion.

A correspondent in New York sends us some slips from an Ogdensburg paper, containing the evidence in the case of Dr. Peter R. McMonagle, tried for producing feloniously, an abortion on the person of Mrs. Jane Hubbard. She died; but before her

death, gave deposition to the effect that she had paid Dr. McMonagle five dollars to produce an abortion. He performed it at his office. The jury found him guilty, and he was put under bonds to answer at the next term.

Our correspondent says: "The crime of abortion is so frequent and so seldom proved in this place and vicinity, I should be pleased to have you publish this case."

We are sorry to learn that such is the case, but we cannot gainsay testimony of this sort.

The Climate of Guatemala.

Guatemala has recently been the goal of quite a number of emigrants from our Southern States. A correspondent of the *Scientific American* says, the climate on the West coast is much preferable to that on the Atlantic side, where malignant fevers are often fatal to the natives as well as the immigrants. The natives mostly object to our mode of curing fevers by the use of quinia. They agree that the medicine may be efficacious in the Northern climate, but that it is too heating to the body in a tropical country. Their theory is not without some good foundation, and their own remedies are certainly less destructive to the human system than those overdoses of quinia, taken by foreigners to break off the fever.

It is essential for those who wish to make that country their home, to carefully select a place most adapted to their constitution, and above all things, to lead a life adapted to the climate. The natives give much good advice to newcomers, which, however, is not always followed; such as never to eat any kind of fruit after sundown, and never to expose one's self to the night air. On the other hand, the stranger should never, in his good nature, permit himself to offer good advice to a native; a last remnant of Spanish pride does not permit him to accept it without feeling insulted.

Americans go abroad to see the antiquities of Greece and Italy, or the ruins of Egypt; they are perhaps ignorant of the fact that they possess works of ancient splendor on their own continent, which are not only as interesting as those of Egypt, but also quite similar in their construction. When the wonders of Italy and Greece, of Egypt and India, have become a little more hackneyed, then the curiosity-seekers may begin to turn their steps toward the ancient palaces of Central America, the sculptures and hieroglyphics of which speak of their former grandeur and magnificence.

Manufacture of Ozone.

The value of this substance as a disinfectant is so great that we hope methods will be discovered by which it can be manufactured in large amounts at low cost.

At a recent meeting of the Lyceum of Natural History in New York, Mr. Loew exhibited a method by which it was claimed that ozone could be obtained in any quantity. He assumed that during a certain stage of the combustion of gas, ozone was generated which was afterwards destroyed in the upper part of the flame. By tapping the cone of light at the right point, we can draw off the ozone. This was accomplished by blowing through the flame of a Bunsen burner and collecting the product in a long glass jar. In this way sufficient gas was collected in the jar to show by its odor and by the usual tests that ozone was present. This method of obtaining ozone is entirely new, and if it should prove to be practicable, will be an important discovery.

It has recently been discovered that if picric acid be projected into a jar of ozone, an instantaneous explosion takes place. This is certainly a curious and unexpected reaction, and may lead to new applications of ozone as an explosive agent for powders prepared for the purpose. The whole question of the existence and properties of ozone is still very obscure, and now that the author of the leading researches upon it, Professor Schoenbein is dead, we must patiently wait for some new investigator to take up the subject.

Public Medical Instructor.

In Vienna, the distinguished Prof. Brühl delivers a free popular lecture every Sunday on some branch of physiology. So great is the rush to hear him that on Jan. 16, he had to repeat the lecture to a second room full of eager listeners, more than one-third of whom were females, though the subject was no less recondite than "the scientific and moral significance of the primitive condition of man." The general subject is "the voice and organs of respiration." How different and how much more enlightened is such an example as this, than that set by some physicians and some medical colleges—*proh pudor!* in this country, who deliberately *oppose* popular physiological instruction!

Function of the Uvula.

Mr. Henry Power, the editor of the last edition of *Carpenter's Physiology*, suggests that the function of the uvula is vocal. It probably aids in producing the peculiar rolling guttural of the Hebrew, German, and other languages.

Remedy for Asthma.

Dr. E. K. Baxter, of Sharon, Vt., says in the *Boston Journal of Chemistry*, that the most useful remedy he has found in asthma is stramonium leaves immersed in saturated solution of potassa nitrate. They are burned and the smoke inhaled. This combination of these two popular remedies has proved very successful.

CORRESPONDENCE.

DOMESTIC.

Treatment of Scarlatina.

EDS. MED. AND SURG. REPORTER:

In the No. of the REPORTER of Feb 5, are a a few practical suggestions on the treatment of scarlet fever, from Dr. WALTER FERGUS of Edinburgh.

Agreeing with the doctor in regard to many of the points mentioned,—I will detail to the readers of your valuable journal the treatment that has proved the most efficacious in my hands during a fearful outbreak of this malady in my own practice, within the last 12 months.

The symptoms of scarlet fever are about as familiar to a practicing physician as the name of the disease, therefore my ideas will be based solely upon the treatment. Of the internal remedies that have proved the most useful in my hands is a powder prepared from the following formula:

R. Morph. sulph., gr. j.
Potass. bitart., ℥ss.
Sacchari albi pulv., ℥ss. M.
Ft. pulvis. Dose—three grs. once in three or four hours, and to the above may be added three or four grs. of the am. tart. ferri, if necessary.

I am of the same opinion as Dr. Fergus, relative to the importance of the external treatment, but differ in regard to the baths used. Instead of the cold douche, the warm bath is very much preferred by me, and I have never known them do harm—employed, however, early in the disease,—especially in this part of the land, and I am also partial to the anointing with fatty substances, contrary to the opinion of Dr. Fergus. Olive oil is my preference, and if not at hand unsalted lard will do; this application to be made immediately after the bath. My reasons are, 1st. That it "arrests to a certain extent the diffusion of the separated cuticle." 2nd. It is also of a healing nature. Gargles are very useful and important in the Anginose varieties of this disease, and while many are recommended, the following is the one that I have used:

R. Solut. acid. carbol., f.℥ss.
Glycerinæ,
Aq. destill., aa. ℥iss.
Ft. mist. M.

A small glass syringe is useful when the patient is not of sufficient age to gargle the throat.

When the patient is restless, not being able to sleep, a drop or more, according to the age, of fl. ext. belladonna has produced wonderful effects, assisted by sponging with tepid vinegar and water.

For a drink—chlor. potash, about ℥ij to the pint of water; also, milk and water are as useful as the many that are recommended.

To combat renal congestion—spt. nit. dulc., in ten drop doses, are to be relied on.

This treatment, with judicious care during convalescence, has proved very efficient.

GEO. C. BLAISDELL, M. D.
Contoocook, N. H.

Cases in Practice Bearing on Ligating Funis.

EDS. MED. AND SURG. REP.:—Sunday morning, January 2d, 1870, was requested to see Mrs. C., in labor with her fourteenth child; attended her with all the others. She was safely delivered of a girl, at 11 A. M. After waiting until pulsation had ceased in the cord, which has been my practice for many years, I tied and divided it, having attended to the mother, and, just before leaving, I tied the cord a second time, another peculiarity of mine, at which some, no doubt, will exclaim, "what an old fogy." About six in the evening, Mr. C. came in great haste, saying the child was bleeding, and he expected it would be dead by the time I got to his house. Found it almost pulseless, and soaked in blood, and, no doubt, a few minutes delay would have proved fatal. It, however, rallied, and is now a fine infant.

In August, 1869, I attended a young lady with her first child. After waiting as usual until all pulsation had ceased I ligated and divided the cord, and handed the child to its grandmother who immediately wrapped it up and laid it on a lounge; my attention was fully occupied in attending to the mother for nearly an hour, when I requested the grandmother to take the child on her lap to enable me to tie the cord again but was met with the reply, "oh don't disturb it, I am sure you tied it right enough, and if it should bleed I can tie it." The child was breathing very regularly and all seeming to be right I left. The next morning the old lady stated that in about half an hour after I left she got everything ready to wash the child but upon taking it up found it almost floating in blood, and dead.

In the early part of my practice, on a number of occasions, I have been called in great haste and hurried back to my patients, with "Doctor, the baby's navel is bleeding." After several mishaps of the kind I adopted the plan of applying a second ligature, and for the last twenty-five years I can only recall to memory the cases recorded above. In a practice of thirty years, and seeing some thousands of new-born infants, I have never recognized any mischief from ligating the funis.

W. GARDINER, M. D.
Philadelphia, Feb. 1, 1870.

The Use of Chloral.

EDS. MED. AND SURG. REPORTER:

My wife, Mrs. W., æt. 34, has long suffered with pregnant sick headaches; as she is also troubled with neuralgia, which often makes it exceedingly painful

to occupy a position resting on either shoulder; she has tried what means she could for obtaining relief. After the birth of her first and only child, eight years ago, she got into the habit of taking chloroform by inhalation, to secure sleep, and carried it to an almost fatal extent. By a terrible effort she was induced, or compelled to give up the almost constant use of it, which she practiced for some time, and has since used it only in cases of headaches that occur generally at the menstrual period, and sometimes much oftener. When these headaches became very severe, she would take chloroform, and continued under its influence for from 12 to 24 hours, until the pressure of pain was over, when there would follow a sickness of the stomach, and vomiting, that would continue from one to five days, during which she found it impossible to keep anything on her stomach. As she is at her best estate an invalid, these attacks were very weakening, but she would persist in using chloroform, although she knew how bad were its after effects. She did not have the strength to endure the severe pain with no alleviation. Opiates she had tried and found their after effects very bad.

I was one of the first to purchase chloral after its introduction to this country, and have given it a thorough trial in her case. She has had several of those headaches which were always followed by vomiting when chloroform was administered, but upon taking chloral she has not once had any such sequelæ. I give her about twenty or thirty grains in water. In a few minutes she falls asleep, rests perfectly naturally—a great contrast to the sleep of chloroform—wakes naturally whenever any noise is made, speaks entirely rationally and falls immediately to sleep again. This sleep lasts with this dose five or six hours, and then, if the headache still continues severe, she takes another small dose, and wakes up all right, having successfully tided over what has been for years, the great dread of her life. Three weeks ago she had a tooth pulled out, and there followed a very painful inflammation in the periosteum and some suppuration. I presume she would have been utterly unable to sleep without some hypnotic, as it was as painful as that caused by an exposed nerve; but chloral worked like a charm, and she gained on several nights the much needed sleep. One of her friends came several times one day into the chamber where she was lying when under the influence of the chloral, taken both for a raging headache and the sore jaw, and would not believe that she had been asleep at all, until assured of the fact; because, on every occasion she found her awake on entering the door. Mrs. W. said she slept all the time, but awoke the moment she heard the hand laid, no matter how lightly, on the door.

I, therefore, like the chloral exceedingly, because it benumbs the nerves of feeling, without in the least affecting the mind. Besides, it seems to me that I see little, if any tendency towards that excessive use of chloral, which is such a constant terror to us in the matter of chloroform, or which has made laudanum so much abused. My own experience would lead me to recommend it in preference to any other hypnotic in cases where it is desirable to secure sleep, notwithstanding headaches, or pain of any sort.

LAICUS.

Uterine Polypus.

EDS. MED. AND SURG. REPORTER:

Miss E. a well developed, muscular woman aged 35, seemingly well, excepting slight cold, was attacked on the morning of the 13th, with uterine hæmorrhage followed in the afternoon by severe pains; saw her at 8 P. M. Gave opium and acet. of lead; left her quite comfortable; hæmorrhage nearly ceased. About 4 A. M., she expelled a polypous tumor about the size and shape of a human kidney; attachment about ¾ of an inch in diameter. Made an examination the next morning, but found nothing to indicate the existence of any more. Gave ergot; hæmorrhage ceased; gave stimulants and tonics and ordered generous diet. Questioned her in regard to her previous health. She said at times she experienced a queer sensation that she could not describe, extending over a period of several years, which often preceded a severe headache, though her health with that exception was good.

Examined tumor which was seemingly of slow growth, perfectly smooth on exterior surface and of grayish-white color. On opening, found it to be compact, and composed of a beautiful interlacement of fine white, tough, and slightly elastic fibres, and of reddish-white color. Could find no cancerous or ulcerative degeneration whatever. I feel quite satisfied with my treatment, my patient convalescing rapidly, though still in doubt as to the cause of detachment and expulsion of the tumor.

WM. L. MCKIBBIN, M. D.

Fulton county, Pa, Feb. 18, 1870.

NEWS AND MISCELLANY.

The American Medical Association.

A writer in the New York *Medical Record* comments in severe terms on the manner in which the American Medical Association knows how *not* to do the business which it ought to do. We agree with that writer, and have on several occasions expressed ourselves with candor to that effect. There are most important tasks for that Association to accomplish, and it sedulously avoids them. As journalists, we know many questions which the Association should confront, and if possible settle. We mentioned several shortly before the last meeting, and not one of them was brought up. We hope that the next meeting will prove more satisfactory to the profession.

Sale of Poison.

The State Board of Health of Massachusetts, in its Annual Report, considers a subject which recent experience has shown to be a very important one, viz., the sale of dangerous drugs. The Board comes to the conclusion that it would be unwise to restrict the physician or wholesale dealer in any way whatever. In relation to the sale of such drugs by retail dealers, the Board believes that a remedy would be found in the requirement of a specified amount of instruction and special training before the druggist should be permitted to engage in the business; and the attention of the Legislature is called to the subject. This is all very well, so far as it goes; but the reader will easily perceive that it goes a very little way toward preventing the evil complained of. The main trouble is not that druggists are ignorant, but that they and their assistants are insufferably careless and even reckless in preparing prescriptions. These they very often misread, although they may be plainly enough written. When they are badly written in bad Latin, as they often are, with the signs of pharmacy indistinctly indicated, then greater care still in reading is necessary. Some physicians' prescriptions are really cabalistic miracles of illegible penmanship; and when the compounder is in doubt he should resolutely refuse to go on with the preparation. As for the misplacing of bottles, and the wrong labels, the learning of Paracelsus would not remedy these; though a good judge and jury might.

Scarlet Fever.

Philadelphia has suffered severely from an epidemic of scarlatina, for a year past, and thus far it shows no indications of having exhausted itself. There were 13,428 deaths in that city, during the year 1869, of which 799, or nearly six per cent., were from scarlatina. This was an average 15 each week. On the approach of cold weather the disease seemed to increase, and during the nineteen weeks from Oct. 1st to Feb. 1st, there were 5,031 deaths in Philadelphia, of which 401 were from scarlatina. This was nearly 8 per cent, of the whole mortality, and was an average of 21 each week. It is probable that the disease will increase with the approach of spring as is usual with scarlatina. In Philadelphia, in 1869, the deaths from that disease were, first quarter, 167; second quarter, 227; third quarter, 150; fourth quarter, 225; whole year 799.

Camden Medical Society.

A few months ago the Camden City Medical Society sent a communication to the Board of Chosen Freeholders, in which they demanded that, on and after that date the members of the Society would expect an increase of fees (as per schedule) for holding *post-mortem* examinations when summoned to do so by coroners. The Board refused to pay any more than their usual rate of $10, whereupon the Society, at its last meeting, passed the following:

Resolved, That the members of the Camden City Medical Society decline to make, or assist at any *post-mortem* examination as directed by the coroner or coroners of Camden county, or by order of any court or courts of said county, until the fee bill, as already presented to the Board of Chosen Freeholders, be agreed upon by them.

QUERIES AND REPLIES.

Dyspepsia.

Reply to "D.," Illinois.—How do you know there is no fermentation of food?

If the patient is troubled with supra-orbital headache, constipation, cold feet, uneasiness in the region of the stomach after meals, furred tongue, and clay-colored stools, I would advise the compound rhubarb pill for constipation.

For the flatus:

℞. Acidi carbolici, gr. ji-j.
Glycerinæ, ℥j. M.
Sig.—Teaspoonful three times a day.

℞. Elixir. pepsini, strychniæ, et bismuth.
Teaspoonful directly after meals.

I have found the elixir to be of great benefit in dyspepsia. I believe it will cure when nothing else will.

Fred. Stearns, of Detroit, Michigan, makes the best I have seen, but his sweet quinine swindle leads me to doubt his preparations. I wrote to Tilden & Co. about theirs, but have received no satisfaction. The appearance is not uniform, and I fear it.

That manufactured by a firm in New York (Reed, Carmick, & Andrus, I believe) has not stood the test but may be good. Squibb, of Brooklyn, and Nichols, of Boston, do not make the preparation. J. W. CRAIGEN, M. D.
Emporium, Penn'a.

Ozæna.

MESSRS. EDITORS: Your journal of the 12th inst., page 143, contains two short articles under the heading of "Queries and Replies," on ozæna, in which information is sought. I have in the course of upwards of forty years' practice, had several cases of that loathsome and intractable disease; and have used in turn all the popular remedies of the day, with varying success and frequent disappointment, both to my patient and myself.

As time will not allow me to enter into a pathological history of this disease, its causes, history and symptoms; I will remark in reference to the treatment, that your correspondent, "C. P., M. D.," has hit upon the right remedy in carbolic acid. I have used permanganate of potash with varying success, but not at all equal to my experience of carbolic acid.

During the past year I have treated two cases of ozæna: the one of seven or eight, and the other of ten years' standing, with carbolic acid topically, and permanganate of potash internally in one case, and iodide of mercury in the other, (from an impression that there was syphilitic diathesis,) and in both cases the cure was complete. I have another case under treatment: a man, aged 34 yrs., a railroad employee, and great improvement has followed the treatment from the commencement, and a permanent cure seems likely to be the result, which I attribute chiefly to the local application of the carbolic acid.

W. MARSDEN, M. A., M. D., etc.
Place D'Armes, Quebec, Canada, Feb. 21, 1870.

Kerosene Oil in Cerebro-Spinal Meningitis.

MESSRS. EDITORS:

What do you think of the local application of kerosene oil to the spine, turpentine stupes to the bowels, and a cathartic, in cerebro-spinal meningitis?

The above treatment has been highly recommended by a distinguished Professor of a Western College, who says he has adopted it with great success in this disease, recently prevailing in South Carolina. He states that he has not lost more than three or four cases of the genuine disease out of a hundred.

He adds that he was equally as successful in his practice in the West, where he states that the disease is of *common* occurrence. As I do not concur in the above treatment. I would like not only to have your views on this, but on any other treatment which you might think would prove successful.

In my treatment of this disease, the mortality has been great.

Very Respectfully,

J. WALTIN HILL.

REPLY.—We think the treatment an absurd one, and that the Prof. in the Western College does not know cerebro-spinal meningitis when he sees it. We saw that disease in the winter of 1864-65 in the camps and hospitals of the West, and then, under every treatment, the mortality was *fearfully* great.

Gynæcological Inquiry.

EDITORS REPORTER:—Will you permit me to ask advice in regard to the following case:

Mrs. D——, in her first pregnancy, summoned me the first time on the 23rd of January, commencing with an attack of acute-hepatitis. I treated her accordingly, and on the 27th, she informed me she could not see. There was no perceptible congestion of the eyes, no inflammation, no opacity, only a slight heaviness of the organs, as she said. She wanted me to do something for her sight, so I cupped her, after which she was able to distinguish persons a distance of ten feet. She gradually got worse, and in two days after was perfectly blind. She continued to decline until the 2nd of February, when she aborted. She now seemed to do well for a few days, then assumed a typhoid type, had profuse epistaxis, abdomen tympanitic, hemorrhage from the bowels with diarrhœa, sudamina on the breast, slight delirium, and pulse 120 per minute. For which condition I prescribed turpentine, opium, lead, ice to the head, and warm applications to the feet, under which treatment she improved so far that she is now able to sit up half an hour at a time.

Cholagogue.

MESSRS. EDITORS.—In answer to "C. C. M., M. D.," in No. 676, page 144, I would strongly recommend the following as meeting almost every indication in his case:

℞ Fl. ext. taraxaci,
Elixir cinchonæ, ferri
et strychniæ, aa. M.
Dose—two drachms, three times daily before meals.

Very obstinate hepatic troubles yield to the treatment. I prefer the elixir as prepared by Reed, Carmick, & Andrus.

W. E. H., M. D.

Dr. C. H. H., of Ky.—Will you please inform me through the columns of the REPORTER whether or not photographs of the Professors of Jefferson Medical College can be obtained, and at what price.

Reply.—You will find a reply to this a few weeks back in the REPORTER. We will sell you a steel engraving of Prof. Gross for $1.00.

Dr. W. W. A., of Tenn.—Please inform me the best vehicle of exhibiting *Chloral Hydrate;* how prepare solution; how often administered?

Reply.—Dr. Napheys, in his "Modern Therapeutics," gives this formula:

℞ Chloral hydratis, ℥ss.
Syr. tolutani,
Aquæ, aa. f.℥iij. M.
Sig.—One to four tablespoonfuls for dose, with water.

Dr. C. F. H. of Ill.—Has Tilt, on Menstruation, gone out of date, or is there a better work on that subject? if so, please let me know.

Reply.—We recommend to you Raciborski on Menstruation, if you read French. It is the best work on the subject in existence. If not, get Tilt, whose work we can send you, if desired.

Dr. R. P., Mich.—Is there such a work as "Da Costa on Medical Diagnosis," if so, what does it cost?

Reply.—There is such a work, and it will cost you $6.00,

MARRIED.

FASSITT—LARGE.—In this city, March 1st, at St. Luke's Church, by Rev. Dr. Howe, Dr. Theodore Fassitt, and Sallie, daughter of the late Robert H. Large.

HAYNES—PLACE.—Feb. 16th, in the city of Hamilton, Ohio, by the Rev. W. J. Fee, Dr. Moses H. Haynes, of Seven Mile, Ohio, and Miss Lizzie J. Place, of Hamilton.

DIED.

BLAKEMAN.—At Greenfield Hill, Conn., on Sunday, Feb. 27th, 1870, Rufus Blakeman, M. D., aged 75 years.

COVELL.—In New York, Feb. 28th, Mary Helen, youngest daughter of Dr. S. Covell.

CURTIS.—Feb. 26th, of scarlet fever, Julia Augusta, eldest daughter of Augusta L. and Dr. Edward Curtis, U. S. A., aged 4 years.

DILLARD.—At his residence, in this city, March 1st, 1870, Thomas Dillard, Surgeon U. S. Navy, in the 70th year of his age.

EVANS—In this city, Feb. 26th, Robert T. Evans, M. D.

MOORE—Dr. E. G. Moore, a well known physician of Concord, N. H., died on the 2d inst.

O'KEEFE.—Dr. David O'Keefe, physician at the Marine Hospital, Baltimore, died on the 2d inst. He was 41 years of age.

PILE.—In this city, Feb. 26th, Jeanette F., wife of Dr. Wilson H. Pile.

SMILEY.—In this city, Feb. 24th, Kate, widow of the late Dr. Andrew J. Smiley.

METEOROLOGY.

FEB.	21,	22,	23,	24,	25,	26,	27.
Wind.....	N. W.	W.	W.	W.	N. W.	N. W.	N. E.
Weather.	Clear	Clear	Cl'dy	Clear	Clear	Clear	Cl'dy
Depth Rain							Rain. 1-10
Thermom....							
Minimum..	12°	7°	19°	19°	16°	26°	27°
At 8, A. M.	17	12	29	25	21	32	31
At 12, M....	21	22	35	33	34	41	31
At 3, P. M.	22	24	36	36	35	41	40
Mean.....	18.	16.25	29.75	28.25	26.50	35.	32.25
Barometer..							
At 12, M...	30.2	30.1	29.9	29.8	29.9	29.7	29.7

Germantown, Pa. B. J. LEEDOM.